

Hazardous Material Spill Incident Report

1. General Information

Date of Incident

Time of Incident

Location of Spill

Area, Building, Site Section

Reported By

Name

Contact Information

Phone/Email

2. Spill Details

Material Spilled

e.g., Diesel, Paint, Solvent

Estimated Quantity

Liters, Gallons, etc.

Material Safety Data Sheet Available?

Yes/No

3. Description of Incident

Describe what happened (how, where, and why):

4. Immediate Actions Taken

Actions taken to control or contain the spill:

Who was notified?

Supervisors, Environment Team, etc.

5. Potential Impacts

Potential or actual impact to people, property, or environment:

6. Follow-Up/Corrective Actions

Steps taken/planned to prevent recurrence:

Reported By (Signature)

Name/Signature

Date